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By Kelly Kennedy - Staff writer

Even as Veterans Affairs Department officials offered testimony that 10,000 people have been saved by VA's suicide hotline, veterans themselves said help should come long before a person needs to make that call.

"The suicide hotline is too much of a last alternative," said Melvin Cintron, an Army veteran who served as a flight medic in Desert Storm and in aviation maintenance in the current war in Iraq. "Either you don't have enough of a problem and you can wait for weeks for an appointment, or you have to be suicidal."

Cintron spoke Wednesday before the House Veterans' Affairs Committee's oversight and investigations panel.

For many veterans, Cintron said that label - "suicidal" - also deters veterans from seeking help because they know that to get immediate help, they have to say they're contemplating suicide.

But the stigma associated with that declaration can affect work and family life.

Of 30,000 suicides in the U.S. in 2009, 20 percent were veterans, said Rep. Harry Mitchell, D-Ariz, the subcommittee chairman.

And only eight in 23 veterans are enrolled in VA services.

"We can't wait for veterans to go to VA," Mitchell said. "VA must go to them."

Cintron said most veterans don't identify themselves as being suicidal until it's too late, and in the meantime, they don't realize they need help.

Linda Bean told lawmakers that was the case with her son, Army Sgt. Coleman Bean, who shot and killed himself on Sept. 6, 2008, after serving two tours in Iraq.

"Veterans at risk would never call themselves suicidal," she said.

Communities - including the media, VA health centers and local mental health organizations - need to do a better job of getting the word out to veterans' friends and family members that resources are available, she said.

"They're the ones who will seek out help," Bean said. "Not the veterans themselves."

After her son's death, members of his unit traveled to her home for his memorial services. The soldiers had seen the same things her son had seen and had lost the same friends, but because they were in a National Guard unit, their families had no information on what signs to look for.

"I spent hours on the phone trying to get them the help they needed," Bean said.

Bean said when she called a VA center in Texas to help one of her son's friends, a health care worker was "horrified."

"He said, 'Just tell me where he is and I'll go there right now,' " Bean recalled.

Then she called another VA center in Maryland. "He said, 'If they don't walk through the door, we can't help them.'

"We can help them," she said. "It is our duty to figure out how - not theirs."

She said that while she appreciated VA public service announcements telling suicidal veterans where to go to help, she thinks they miss the mark.

"I was so grateful to have my son home that I overlooked that he was drinking too much, that he was irritated, that he was isolated from his friends," Bean said.

That's what the ads should talk about, she said: " 'You're home and you're suicidal' doesn't resonate."

The solution doesn't need to be difficult, Cintron said: Train some veterans so they can be there when another veteran needs to talk, keeping in mind that needing to talk doesn't mean suicidal.

"Train the vets to listen," he said. "That way, we are all part of the solution."

Rep. Tim Walz, D-Minn., said he found some hope in the appointment of a new director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Army Col. Robert Saum, after he heard Saum's story.

Saum almost broke down as he explained to the committee that his own son, an Army sergeant, had suffered a traumatic brain injury and post-traumatic stress after serving two tours in Iraq.

"He has considered suicide," Saum said. "It wasn't until my family and I intervened that he sought care and is recovering."